## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/711,547

Confirmation No. 5546

Applicants:

: Michael Poindexter et al.

Filed:

: 09/24/2004

TC/A.U.

: 3765

Examiner

: Unassigned

Docket No. Customer No. : 1644.01 : 21,901

For

: Mommy Bib

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

#### PRELIMINARY AMENDMENT TRANSMITTAL

Transmitted herewith is a preliminary amendment for this application. 1.

#### STATUS

2. Applicants are independent inventors.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### CERTIFICATE OF MAILING (37 C.F.R. 1.8)

I HEREBY CERTIFY that this Preliminary Amendment, including Introductory Specification, and Remarks, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 1, 2004.

Deborah Preza

Dated: October 1, 2004

(Amendment Transmittal-page 1)

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col 3) SMALL ENTITY			
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
Total	7	Minús	20	ez ()	x \$9 =	SO	
Indep.	1	Minus	3	= 0	x \$43 =	\$0	
First Pre	First Presentation of Multiple Dependent Claim				+ \$145 =	so	<u>.</u>
-					Total Addit. Fee	\$0	

\_\_\_\_

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 41,849 Tel. No.: (727) 507-8558

Anton J. Hopen
Smith & Hopen, P.A.
15050 Bay Vista Drive S

15950 Bay Vista Drive, Ste. 220

Clearwater, FL 33760

(Amendment Transmittal-page 2)

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

<sup>\*\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

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# PRELIMINARY AMENDMENT

Introductory Comments

Sir:

The above-identified patent application is amended prior to examination as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.